

AMBULANCE SERVICE INVOICE

DETAILS

DATE: _____

INVOICE NO. _____

FROM

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

BILL TO

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

DESCRIPTION		AMOUNT (\$)
<p>NOTES: _____</p> <p>_____</p> <p>_____</p>		SUBTOTAL
		DISCOUNT
		TAX / VAT
		TOTAL

THANK YOU FOR YOUR BUSINESS